AMENDMENT TRANSMITTAL LETTER					Docket No. 1630-0514PUS1
Application No. 10/606,362-Conf. #4473		Filing Date June 26, 2003		Examiner M. Le	Art Unit 2163
Applicant(s): You	ing-Chul KIM				
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MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 223 Transmitted here	313-1450	ndment in the	above-identi	ied application.	
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 34 =	0	x 52.00	0.00
Independent Claims	8	- 10 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
A duplicate of A check in the Payment by The Director as described	ge Deposit Accopy of this she e amount of \$ credit card. For is hereby authorized below. A duply overpayment my additional filling. au o.: 42,325 JRT, KOLASCHEROAD	ount Noeet is enclosed orm PTO-2038 orized to charglicate copy of tot. The application of the second of the second or application of the second of the second or application or application of the second or application	is enclo is attached. ge and credit this sheet is e	Deposit Account No	
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